

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 08/409064
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
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11						
12						
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16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26	1					
27						
28						
29						
30	1					
31						
32						
33						
34	1					
35						
36						
37						
38						
39						
40	1					
41						
42						
43						
44						
45						
46	1					
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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77	1					
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92						
93						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						